IAP15 Rec'd PCT/PTO

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
betwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

				Complete if Known				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/565,218-Conf. #9791		
FEE TRANSMITTAL				Filing Date		January 20, 2006		
 				First Named Inv	First Named Inventor Amanda Jane CHALMERS		RS	
For FY 2006				Examiner Name Not Yet Assigned			ned	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit N/A				
TOTAL AMOUNT OF PAYMENT (\$) 1,590.00				Attorney Docket No. 0446-0185PUS1				
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES SEARCH FEES EXAMINATION FEES						;	
Application Ty	pe <u>Fee (</u> \$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65	***	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXOLOG OLAMIT CLO								Small Entity
Fee Description See Live and 20 (including Reignage)							<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								100
Each independent claim over 3 (including Reissues) Multiple dependent claims 200 100 180								
				Paid (\$)	N	Multiple Depend		
Total Glains		x =		<u> </u>			Fee Paid (\$	ı
HP = highest numb	er of total claims paid fo		*****					_
Indep. Claims	Extra Claims	Fee (\$)	Fee	Fee Paid (\$)				
HP = highest numb	·	x = =	an 3.					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1254 Extension for response within fourth month 1,590.00								
SUBMITTED BY 0 00								
Signature Registration No. Telephone 703-205-8000								-8000
Name (Print/Type) Raymont C. Stewart Date 12-4-208								006
	,							